RECORD PERMANENT BINDING 4 IS FOR THIS RESERVED INK UNFADING MARGIN WITH PLAINLY WRITE

oN.

700

state Very PHYSICIANS should of OCCUPATION IS Exact statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 4 COLOR OR RACE MARRIED, (Write the word) stated DATE OF BIRTH properly classified. be (Month) (Day (Year) 7 AGE if LESS than should 1 dayhrs. OR. Q.min. ? AGE BOCCUPATION (a) Trade, profession, or particular kind of work. carefully supplied. (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 B!RTHPLACE (State or country) 10 NAME OF FATHER 80 o be back ARENTS terms. 11 BIRTHPLACE pluods OF FATHER (State or country) 0 12 MAIDEN NAME DEATH in plain See Instructions OF MOTHER Information 13 BIRTHPLACE OF MOTHER (State or country) ō CAUSE OF (Informant) Important. 15 Dea 23 191 4 8 REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward

Registration Dist. No. 134

[If death occurred to

no froi		giv	ospital or institution, its NAME instead street and number.]
MEDICAL	L GERTIFICAT	TE OF DEAT	н
16 DATE OF DEATH	blie-	23	, 1914_
Lumpun	(Month)		
Love 23		400	d deceased from
that I last saw h. Aha. a			, 191
and that death occurred	on the date s	tated above,	at m
The CAUSE OF DEATH			
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Trus	ualu	١نر	
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	(Buration	l)yrs.,	ds.
ContributorySecondary			· » · · · · · · · · · · · · · · · · · ·
Socondary	(Duratia	ans (n	
0/5	Jourale	H) www.yrS	ds
(Signed) My	20/10	u	, M. O.
Nove 23 1914	(Address)	none	4 bus
*State the DISEASE CAUSES, state (1) ME. TAL, SUICIDAL, or HOM			ths from XIOLENT whether ACCIDEN-
18 LENGTH OF RESIDENTS)	NCE (FOR HOSP		
At place of death yrs mos		the State	
Where was disease contracted, if not at place of death?	•	orate yrs,	mos ds
Former or usual residence	******************	***************************************	9 10 10 10 10 10 10 10 10 10 10 10 10 10
19 PLACE OF BURIAL O	1-71	DATE	OF BURIAL 7 2 3, 191 4
20 UNDERTAKER	Let st	By V	
Con DENTANCE True	1-19	ADDR	ESS

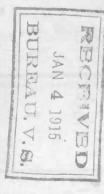
underlanez

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, mentanges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaemus," "Old Age," "Shock," "Uraemla," "Wcakness," genital," "Scnile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Marasmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion,"



MARGIN RESERVED FOR BINDING

PERMANENT

S. No. 1.

STATE OF MARYLAND 1 PLACE OF DEATH state Very CERTIFICATE OF DEATH 103 pinous Registration Dist. No. OCCUPATION Ilf death occurred la PHYSICIANS Ward) a hospital or Institution. give its NAME instead of street and nomber.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED, WIDOWED, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from classified. (Month) (Day (Year) 7 AGE If LESS than should and that death occurred on the date stated above, at 1 dayhrs. OR . . min ? properly BOCCUPATION AG (a) Trade, profession, or particular kind of work. supplied. pe (b) General nature of Industry. business, or establishment in may (Duration) which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary that 10 NAME OF FATHER 20 Jo ARENTS back 11 BIRTHPLACE terms. (Address) .. OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME plain Instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 2 13 BIRTHPLACE Af place In fhe OF MOTHER of death ____ yrs. ___ mos. DEATH (State or country) State yrs, mos. Where was disease contracted, See If not at place of death?... Former or Every item CAUSE OF usual residence. important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulthe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pctwonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



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upplied. AC	nay be prop	ė
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should be	ain terms,	is on back
Information	EATH in pl	e instruction
very item of	AUSE OF D	important. See instructions on back of certificate.
N. BE	Ü	In

VIIIage or City State Danalyoning,

2FULL NAME Educa Anderson,

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE,
MARRIED, 18 DATE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 139

.St.;.....Ward)

[It death occurred in a hospital or lostitution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s T	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH Dec., 23, 1914 (Month) (Day (Year)
8 D	ATE OF BIRTH	that I last saw h 2 alive on Dec. 23 1914
7 A		and that death occurred on the date stated above, at 10:15P m. The CAUSE OF DEATH* was as follows:
(a pa (b) bus	CCUPATION) Trade, protession, or Stowographer, ricular kind of work	Pulmonary Tuberculosis (Duration) yrs. 6 mos. ds.
	IRTHPLACE (State or country) Wayland,	Contributory & Llaustron Secondary
ENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland.	(Signed) W. Howard ye ager. , M. D. Dec. 23, 1914 (Address) Dette Parolows, hed *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place of death
14 7	(Informant) 2,), I arduer,	Where was disease contracted, In Family. Former or usual residence. 10 29 Mystle ave, Balto, Mid.
15 Fil	(Address) State Sanatoreum, md.	19 PLACE OF BURIAL OR REMOVAL Ballinore, and, 1915 20 UNDERTAKER M. S. Cleage. Thurward by
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," The (4)

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injury, as fracture of skull, and consequences (e. mia," "PUERPERAL peritonitis," etc. inus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae. cause. Always qualify all diseases resulting from etc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. The contributory Measles (disease causing death), 29 ds.; suicidal, or Homicidal, or as probably (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



OCCUPATION IS RECORD PERMANENT INK 0 ATH in plain instructions DEATH to OF mportant. Every It mi

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred inWard) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5.SINGLED 4 COLOB OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 9.0 1 day.....hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory Cast 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country At place In the ot death yrs. mos. __ ds. State yrs, ____ mos. ... Where was disease contracted. If not at place of death? .. Former or usual residence. 19 PLACE OF BURIAL OR DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGRETA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less defluite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caumia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the geuital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditious, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of kead-homicide; Poisoned Accidental drowning; Struck by railway train-acrisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopheumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



W. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Malkers 12 FULL NAME	580 Q	Di). Bassic	STATE OF M CERTIFICATE Registration St.;	OF DEATH Dist. No. 15-3
PERSONAL AND STATISTICAL I	PARTICULARS		MEDICAL CERTIFICATE	OF DEATH
MA WIII	RRIED, Widouter, power, ite the word) (Day) (Year)	- Lines g	(Month I HEREBY CERTIFY, Th	(Day), 1914 (Day) (Year) at I attended deceased from (C) 14 , 1914,
7 AGE 7 AGE 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry,	If LESS than 1 day, hrs. OR. mlo.?	and that death	DEATH* was as follows	ted above, at 2 20 pm,
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Ind.	Contributory (Secondary)	(sudiac	yrsnos 5 _ds.
10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER	Barrick	*State the I	, 191 4. (Address) Manual Causing Death,	or, in deaths from Violent and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country) May	MY KNOWLEDGE	18 LENGTH OF OR RECENT RE At place of death yrs. Where was disease	RESIDENCE (FOR HOSPITA SIDENTS) In the	LS. INSTITUTIONS, TRANSIENTS,
(Address) Pallier	letten REGISTRAR		URIAL OR REMOVAL	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.—Every item of information should be carefully supplied.

GAUSE OF DEATH in plain terms, so that it may be in Important. See instructions on back of certificate.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.;.....Ward)

[If death occurred in a hospital or lostitution, give its NAME Instead of street and number.]

-FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Nov. 16 1914, to Dec. 10, 1914, that I last saw h sur allye on Dec. 10, 1914
7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 2/58 ft m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Tulmonsny/ rubereulosso
business, or establishment in Elevator which amployed (or employer) BIRTHPLACE (State or country) Manyland.	Contributory Edwardson, Secondary
10 NAME OF FATHER Seonard Bell,	(Signed) W, Howard Jeagler, M. D. Dec, 10, 1914 (Address) State Danotonum, M.
11 BIRTHPLACE OF FATHER (State or country) Maryland, 12 MAIDEN NAME OF MOTHER Delia Bradford,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland,	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State rs. mos. ds Where was disease contracted,
(Informant) W. N. Hardner.	Former or osual residence. Patapace, Carroll Co, Ind.
(Address) State Danalonin, Md, 15 Filed Jan. 1. 1914 6- A Stern	Palopses, Caroll G, Ind. 2. 191.2. 20 UNDERTAKER M. S. Creager. Palopses Date of Burial 2 ADDRESS Thurmont, Ind.
	trar 6 E Franklin St. Valta Decreating V. S. N.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cunlnjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING

V. S. No. 1.

Gounty Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 3 /
*FULL NAME Thoche 93	St.; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Wishoward ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	10~ 10 191 1 10 1> - 10 1914 that I last saw h = alive on 1> - 10 1914
7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 230 /s r The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or amployer)	(Duration) Syrsmos
(State or country) Maryland 10 NAME OF FATHER	Secondary (Duration) yrs mos (Signed) S. S. V. M.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violes Causes, state (1) Means of Injury; and (1) whether Accide Tall, Suicidal, or Homicidal.
of Mother all and the second of Mother (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of the later of the l
(Informant) Correct & Coury	Where was diseasa contracted, It not at place of death? Former or usual rasidenca.
(Address) S. Market, Frederick 15 Filed L. Dec, 1914 of ma J. M. Candy	Coboring Sous Date of Burial Consoring Sous Dec 13, 1814 20 UNDERTAKER ADDRESS
REGISTAR	Whomas J. Roce Frederich trur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or Industry, and therefore an cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death is already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; State cause for "Exhaustion, Never report For VIO-



AGE should be stated EXACTLY. PHYSICIANS should state roperly classified. Exact statement of OCCUPATION is very PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.—Every item of information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

V. S. No. 1.

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PLACE OF DEATH	150
County Traderica (3)	1041
	The state of the s
Village or City a druly cour	4No

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

@ 1 3: dd:

FULL NAME	www.g.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
There the word	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH Sec 8 , 1914 (Month) (Day (Year)	that I last saw h and alive on Are 1914.
rage If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Ganoses Monatorum
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 2 2-ds.
(State or country) Frderical Co	Secondary Secondary Duration) yrs mos ds.
10 NAME OF FATHER LESTEN Biddings	(Signed) Otis B. Slove, M. D. Sie 11, 1914 (Address) Liberty Lower
OF FATHER (State or country) Frederices (Co	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Inderect Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds
(Informant) Lester Polddings	Where was disease contracted, If not at place of death? Former or usual residence
(Address) & Worly down	19 PLACE OF BURIAY OR REMOVAL DATE OF BURIAL DEC 11, 1914
Filed Del // , 1914 M. D. Curfuan REGISTRAR	20 UNDERTAKER ADDRESS Librely brown
If more blanks are needed, address State Regis-	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," engineer, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

calvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; Never report



No. œÔ

N. B.

County Guede Co	CERTIFICATE OF DEATH
Village or City Landinghurge	Registration Dist. No. / 1/2
FULL NAME Cathline In	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frank White (Write the word)	16 DATE OF DEATH SZC, 4, 1914. (Month) (Day) (Year)
8 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 18 1914, to 2014 that I isst saw h. A. alive on 2001
7 AGE / 1 LESS than 1 day	and that death occurred on the date stated above, at
(a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Buration) yrs mos 4 ds
10 NAME OF FATHER Thames Reed Bofel	(Signed) (Address) (Boration) yrs. mos. ds
12 MAIDEN NAME OF MOTHER GOLD Ellen Plain 13 BIRTHPLACE OF MOTHER (State or country) Carroll by	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds.
informant, Masque Plante	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dec 6, 1914 P. C. Grossnichle REGISTRAR	Pace De Dage 6, 191.49 20 UNDERTAKER Paul Q

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

STATE OF MARYLAND

13584

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," If the occupation has "Foreman," (0)

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carchi-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head childbirth or miscarriage, as "Puerperal scotichae etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train_accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEEPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," -hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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County Reliable	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Near Harmony (No. ,	Registration Dist. No. St.; Ward) Facility death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year) 7 AGE It LESS that 1 day,hrs ORhrs ORhrs ORhrs ORhrs ORhrs ORhrs OR	that I last saw h allve on ,191 and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) Tyrs. mos. d Contributory Doppy Secondary
10 NAME OF FATHER HOMES H. Brandwlwg 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER AMPLIANCE. Brandwlus	(Signed)
of Mother and Coolus 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs, mos. d Where was disease contracted, If not at place of death? Former or usual residence.
(Address). 15 Filed Dic 4, 1914 Ralph Britain REGISTRAR If more blanks are needed, address State Reg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DIE 20 UNDERTAKER LOGINAL ADDRESS ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foremau," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is iudefinite): Tubercutess of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeralvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." iujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgeuital," "Seuile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debllity" ("Contheuia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopncumonia The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary), 10 ds. Never report "Exhaustion," For vio-



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme important. See instructions on back of certificate.
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County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 3 /
Village or City Firederich (No. 115, (
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Fernale White (Write the word)	16 DATE OF DEATH Oec 16 , 1914 (Month) (Day (Year)
Sefa 13, 1871	that I last saw here alive on the 14 the 1914.
**Month) (Day (Year) 7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated shove, at 7, 9 m, The CAUSE OF DEATH* was as follows: Those fallowing Chilab Author
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF FATHER Thomas Schley 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) yrs mos ds. (Signed) , M. 0. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLASE OF MOTHER (State or country) Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs mos ds. Where was disease contracted.
(Informant) Geo. Cleaner Brengle	If not at piace of death?————————————————————————————————————
(Address) S. C.	19 PLACE OF BURIAL OR REMOVAL Mot. Olivet. Com 20 ec. 18, 1914. 20 UNDERTAKER ADDRESS Thomas J. Roice Rederiche trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has "Foreman," (6)

Statement of cause of death—Namé, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia" ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of



F. S. No.

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Village or City Mt etery (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4 St.; Ward) St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male. 4 COLOR OR RACE MARRIEO, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	exug 10, 1914, to Dec. 6. 1914, that I last saw hair alive on Dec. 3. 1914
7 AGE II LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at
e occupation (a) Trade, profession, or particular kind of work 21ach - 10rives	Chromi Cheprilis'
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) Several years.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary) (Duration) yrs
10 NAME OF John Butter	(Signed) J. W. Lacy, N. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
of Mother Lond Rnow.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPARE
13 BIRTHPLACE OF MOTHER (State or country) Maryland,	At place in the of death yrs mos ds. State yrs mos ds.
(Informant) Walter Butter	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Mt efing, Mod.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed DEC 7, 191 4 M. KINGSTRAR	20 UNDERTAKER and ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum,

childbirth or miscarriage, as "Purrereal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or Intercurrent) Always qualify all diseases resulting from (Recommendations on statement of _ (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 4 1915 BUREAU, V.S.

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PHYSICIANS shoul RECORD PERMANENT classified. properly be UNFADING euppi may certificate. of back pinous 50 plain See instructions Information 2 DEATH Jo Item E OF mportant. Every its

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. -Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) Write the DATE OF BIRTH (Day (Month (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Volent CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) ___ yrs. ____ mos. ___ State _____ yrs. ____ mos. __ _ ds. Where was disease contracted. 14 THE ABOVE IS TR It not at place of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL 15

Ilf death occurred in

torus

DATE OF BURIAL

ADDRESS

a hospital or institution.

give its NAME Instead ot street and nomber.]

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER CONSTRUCTION

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer. "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Namé, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lobar gneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of State cause for For vio-



V. S. No. 1.

PLAINLY, WITH UNFADING INK-THIS IS

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. N. B.—Every Item of CAUSE OF DE Important. See

RECORD

PERMANENT

4

1 PLACE OF DEATH County Frederick

PERSONAL AND STATISTICAL PARTICULARS



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH

(No. 148 W. All Saintist: / Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

3 SE	x	4 COLOR OR RACE	SINGLE, MARRIED WAR WIDOWED, ORDIVORCED (Write the WO		16 DATE OF DEATH (Month) (Day (Year)
7	mare		(() THE WO	ru)	I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH	4			June 1914 to Dec of 1914
		(Month)	29 (Day	(Year)	that I last saw have allow on De 4 1914
TAG	E			It LESS than	and that death occurred on the date stated above, at
		42 yrs 11	mos 5 ds.	1 day,hrs.	The CAUSE OF DEATH* was as follows:
(-)	CUPATION Trade, profession, ticular kind of wo	or House	Wife	-d	Carcinona of Spleen
busi	General nature oness, or establish employed (or e	shment in			(Duration) / yrs mos ds.
9 811	RTHPLACE (State or coun	ntry) //			Contributory Crubollism Secondary
10 NAME OF FATHER Peter Carkens 11 BIRTHPLACE OF FATHER (State or country)				ins	(Signed) G. S. (Duration) yrs mos ds.
					*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Frances 13 BIRTHPLACE OF MOTHER (State or country) Maryland			The state of the s	,	TAL, SUICIDAL, or HOMICIDAL.
			asyla	ces	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos ds
14 T	HE ABOVE IS	TRUE TO THE BES	T OF NY KNOW	LEDGE	Where was disease contracted, It not at place of death?
(1	Intermant)	the lot	carrie	as .	Former or usual residence
	(Address)	48. W. A.	ll Sau	do sx	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	os De	c ,1914 dra	9. M. 6	may,	Greenwount ben alec 7, 1914. 20 UNDERTAKER ADDRESS
	0	Ve man 11 /		REGISTRAT	Thomas P. Rice Frederick
	1	il more blanks	are needed, addre	ss State Regist	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronehopneumonia (secondary), 10 ds. Never report "Contributory." The contributory (secondary or intercurrent) tctanus) may be stated under the head "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Books

JAN 6 1915 BUREAU, V.S.

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STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

Registration Dist. No ... If death occurred is ---Ward) a hospital or institution. give its NAME inslead of streef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE 1914 (Address) ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State of country Af place In the of death _____ yrs. ____ mos. __ State . Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive definite salary), may be entered as mine, etc. statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease causing dearth, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," cte., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: engineer,

Statement of cause of death—Name, first, the disease causing death—In a primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fraeture of skull, and eonsequenees (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State eause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) eause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal scptichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." The contributory tctanus) may be stated under the head Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (seeondary or intercurrent) "Exhaustion," For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Frederies	CERTIFICATE OF DEATH
County 2 - 21	Registration Dist. No. 147
Village or City Near Troodvilles	St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
FULL NAME Rily Clary	er enter and vanuer.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Marker, Augle ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended decorated from
Month (Day) (Tear)	that I last saw held alive on Mouday Are 7 1914
7 AGE II LESS than 1 day, // Ahrs.	and that death occurred on the date stated above, at 12.301m,
yrs. o mos. P ds. ORmin.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Grenature Worth
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Frederick loo. Ma	Contributory (Secondary) (Ogration) vyrs mas ds
10 NAME OF John West Clary	(Signed) Juliet Thee, M. D.
11 BIRTHPLACE OF FATHER State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	State the Dismass Causing Death, or, in deaths from Violent
of Mother anna Mary Bouse	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. TELENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Fredericks Co. Me	of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Informant) Mr. aery, Md.	USUAI residence
Filed DEC 8 1914 Ovon The Cray RECISTRARY	Lucust grove Can Dec. 8, 1914 20 UNDERTAKER ADDRESS AUGUST ADDRESS
If more blanks are needed, address State Registrar	C. 6 E. Franklin St., Balton, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc... Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronu oma. Karcoma. etc., of ______ (name origin; "Can-er" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," Examples: For VIO-



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OCCUPATION certificate. of See instructions information DEATH OF mportant. Every It

ACE OF DEATH county Frederick

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

It death occurred to a hospital or institution. give its NAME Instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word) (Month) (Dav I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory. (State or country) 10 NAME OF FATHER PARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Sulcidal, or Homicidal. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. It not at place of death? Edward H. Ballo, Mid. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 1919. 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (discase causing death), 29 ds.; cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Con-Bronchopneumonia (secondary), 10 ds. "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichae-Never report



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Kear m Iff death occurred in Village or City Dloom St.: Ward) a hospital or Institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, Sunale 16 DATE OF DEATH MARRIED, WIDOWED. ORDIVERCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 15 1906 (Morth (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. BOCCUPATION (a) Trade, profession, or Vone particular kind of work... (b) General nature of Industry, business, or establishmeni in (Duration) 2 yrs. 6 mas which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. __ State _____ yrs. ____ mos. Where was disease contracted. If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Andress) 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid denumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Conley



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RECORD

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. DEATH in plain terms, so that it may be properly classifled. should be AGE carefully supplied. See instructions on back of certificate. information should be CAUSE OF

PLACE OF DEATH 13594 County Frederick

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 13

FULL NAME Harry S.	O. Seventhst.; 4 Ward) Oevilbiss [if death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Willoweb, Orbivorge (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby certify, That A attended deceased from
DATE OF BIRTH Steb 2, 1878 (Month) (Day (Year)	that I last saw h Wallve on 10/3, 1914
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 6-30 mm. The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Janus Develbers	Contributory Secondary (Signed) (Signed) (Address) (Address) (Address) (Buration) (Buration) (Contributory (Contribut
11 BIRTHPLACE OF FATHER (State of country) Manyland 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Manyland 13 BIRTHPLACE OF MOTHER (State or country) Manyland	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the contract of the con
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant More Hoarry Develless.	Where was disease contracted, it not at place of death? Former or usual residence.
Flied 5 Dec, 1914 daily Min 6 modey	Mot Olevet Com Date of Burial Mot Olevet Com Dec 16, 1914 20 UNDERTAKER DEPT. 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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RECORD PERMANENT properly certificate. 50 back plain Instructions Information 5 DEATH See ō FO Important. ш Every

PLACE OF DEATH STATE OF MARYLAND Trederich CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred ...Ward) a hospital or institutioe, give Its NAME Instead of street and comber.] er Magdalen D PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. (Month) (Dav (Write the word) I HEREBY CERTIFY, That I sttended decessed from nay 831 (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, a t dayhrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) le the of death _____ yrs. ___ mos. _ State . Where was disease contracted. If not at place of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER acivils five ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucissis of lungs, meninges, peritonaeum, etc., Carcin-

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

N. B.-

1 PLACE OF DEATH 3596

STATE OF MARYLAND

Go	unty ful.	CERTIFICATE OF	131
Vil	1	Registration Dist St.; Ward)	[It death occurred in a hospital or institution, give its NAME instead ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
³ SI	hale 4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) 17 I HEREBY CERTIFY, That I	3 , 1914 (Day (Year)
6 D	ATE OF BIRTH		
	(Month) (Day (Year)	that I last saw h AMAllyc on NES.	
TAC	The above that	and that death occurred on the date stated	bove, at 9 9 m
	91 yrs 8 mos. ds. 1 day,hrs.	The CAUSE OF DEATH* was as follows:	
	OCCUPATION OTRADE, profession, or Black Smith		***************************************
(b) bus	General nature of Industry, Iness, or establishment in ch employed (or employer)	(Ouration)	yrsds
	RTHPLACE (State or country) Ind.	Gontributory Secondary	180004h
A	10 NAME OF Jacob Dronenburg.	(Signed) Sery Constitution	, M. D
PARENTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF.	
PARE	12 MAIDEN NAME OF MOTHER NOT Known,	*State the DISEASE CAUSING DEATH, OF, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE FOR HOSPITALS, I	
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State	
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
	(Informant) alice tronenburg	Former or usual residence	
15	(Address). Freel, funct, my	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
		20 UNDERTAKER	ADDRESS
FII	ed, 191	Les Peters F	odonick.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Junction

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection necd not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report



RECORD properly classified BINDING should pe AGE s ш that supplied So terms, carefully plain be 2 pino ROIN EATH PLAINLY, 0

S. No.

STATE OF MARYLAND LY. PHYSICIANS Exact statement of CERTIFICATE OF DEATH Registration Dist. A If death occurred in St.:....Ward) a hospital or institution, give Its NAME instead of street and number.] ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED 16 DATE OF DEATH 3 SEY 4 COLOR OR RACE WIDDWED OR DIVORCED (Write the word) (Day) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) if LESS than of 7 AGE and that death occurred on the date stated above, at 1 day, 4 hrs. back The CAUSE OF DEATH # was as follows: min.? uo a) Trade, profession, or instructions particular kind of work... (b) General nature of Industry business, or establishment in which employed (or employer) 9 BIRTHPLACE Secondary (State or country) See 10 NAME OF FATHER important. 11 BIRTHPLACÉ PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME Every item of information should state CAUSE OF I OCCUPATION Is very in 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of deethyrs.mos. ... Where was diesase contracted, 14 THE ABOVE If not at place of death?..... Former or usua! residenca DATE OF BURIAL 15 ADDRESS UNDERTAKER $\mathbf{\omega}$ REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. who receive a definite salary), may be entered as Housemobile factory. The material worked on may form part write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salusman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Architect, Never return Locomotive If retired from engineer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tdanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbohic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; SCICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPENAL peritonilis," etc. State cause for which birth or miscarriage etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Conna," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum. etc., Carcinoma, Sarcoma, etc., of..... cause. Always qualify all diseases resulting from child-Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Caneer" is less definite; avoid use of as "Puerperal septichaemia," Never report mere



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Hederick 13598	STATE OF MARYLAND CERTIFICATE OF DEATH
N/ 9	Registration Dist, No. 1464
Village or City hurmont (No. 2)	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
maried, Maried, Married, Widowed, Married, Widowed, Married, Widowed, Married, With the word)	16 DATE OF DEATH (Month) (Day (Year) 1/\(\Day\) HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	that I last saw h alive on Dec 6 1914,
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 900 Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of industry.	
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Mark land	Contributory Perupulga Secondary (Duration) yrs. mos. 7 ds.
10 NAME OF FATHER D. FICHS	(Signed) Marris (Address) Sumbour Med.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the ot death yrs. mos. ds. State yrs. mos. ds
(Intermant) Charles . Holy -	f not at place of death? Former or usual residence.
(Address) Case a session model 15 Filed Dec. 9, 1814, Assara M., Assert, REGISTRAR	19 PRACE OF BURIAL OR REMONAL DATE OF BURIAL LEWISSON MICH. 1914 20 UNDERTAKER ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations who receive a definite salary), may be entered as "Mauager," "Dealer," etc., without more precise specistatement. CAUSINO DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up ou account of the disease Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retlred from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menligitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lings, meninges, peritonaeum, etc., Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injnry, as fracture of skull, and cousequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned affection used not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustiou," Never report For VIO-



MARGIN

No.

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. Every Item of information should be carefully supplied. AGE should be si CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. 4 S UNFADING INK-THIS PLAINLY, WITH WRITE N.B.

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

15

Village or City January Rolly No. 2 PULL NAME Anni & Bucc	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S ADATE OF BIRTH (Month) (Day) (Year)	June 10., 1911, to Dec 25, 1914, that I last saw ham alive on Dec 25, 1914
TAGE State Sta	and that death occurred on the date stated above, at 2.10 0 m. The CAUSE OF DEATH* was as follows: Antonosclerosis & Mephinter and State Soft of the
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) 3 yrs 6 mos 15 ds.
(State or country) Formhof Hocha Md 10 NAME OF FATHER Charles Houses 11 BIRTHPLACE	(Signed) Pathin Lafonell, M. D. (Signed) Pathin Lafonell, M. D. (Signed) Pathin Lafonell, M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER LOSM CAME OF MOTHER	*State the DISMASE CAUSING DMATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place	In the
of death yrs mos ds.	State yrs mos de
Where was disease contracted.	
it not at place of death?	00000:0000072744044444
Former or	

19	PLACE	OF	BURIAL	OR	REMOV	AL
11	0	A (()	4	10	1-
UK	Tay	13	Tan	11	1 Ceca	Ruy

DATE OF BURIAL ADDRESS

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

usual residence

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa Never return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. childbirth or miscarriage, as "Puteresal septichacture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "H;art failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report nant ncoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mally oma. Surcoma. etc., of ... The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



statement PERMANENT EXACTLY. BINDING Exact stated classifled. pe should FOR INK-THIS properly AGE ESERVED supplied. may be UNFADING carefully that It œ 80 MARQIN WITH pe WRITE S. No.

PHYSICIANS should state of OCCUPATION is very PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, Married WIDDWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Day (Year) 7 AGE It LESS than 1 day,....hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Indostry, business, or establishment in which employed (or employer) Retired 3 certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 of information sincers, s E DEATH in plain terms, s See instructions on back c PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) CAUSE OF Important. S 15 REGISTRAN Thomas I. Mace Frederick.

County Frederick

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilt death occurred in a hospital or institution, give its NAME Instead

of street and number.]

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

MEDICAL	. OERTH TORTE	I DEALIN	
16 DATE OF DEATH	«Oec (Month)	31	, 1914 (Year)
17 I HEREB	Y CERTIFY, That		
Cin	1914 to 10	4 36	× 1914.
	live on Loe	-	
and that death occurred	on the date states	d above, at	5,03 Pm.
The CAUSE OF DEATH	was as follows:	· of	
Viena	1		1
Man Dolla	The for	weren	Jul-
100/11-20	(Duration)	yrs. Q	mosds.
ContributorySecondary		**************************************	**************************************
	(Doration),	yrs	.mosds.
(Signed)	NA	eden	. м. п.
Leve 3/2 1914	(Address) Fin	sku-Th	
*State the DISEASE (CAUSES, state (1) ME. TAL, SUICIDAL, OF HOM	CAUSING DEATH, OR ANS OF INJURY; a ICIDAL.	r, in deaths find (2) wheth	rom VIOLENT Der Acciden-
18 LENGTH OF RESIDENT	CE (FOR HOSPITALS	, INSTITUTIONS	TRANSIENTS,
At place	In the		
of death yrs mos Where was disease contracted, it not at place of death?		yrs,	mos ds
Former or usual residence			
19 PLACE OF BURIAL O	RREMOVAL	DATE OF E	URIAL
Mot Olive	x Cem	Jan	3 1915
20 UNDERTAKER		ADDRESS	
Wr //	6 200	.2	7

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers statement. material worked on may form part of the second the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be suffleient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—It respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of oma, Sarcoma, etc., of......... (name origin; "Caneer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (mercly symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

In Hordges.

JAN 6 1915 BUREAU, V.S.

SICIANS should occupation is PHYSICIAN RECORD PERMANENT -THIS INK UNFADING Instructions Information D of Inford OF Item mportant. ы Every

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 145 Tif death occurred inWard) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDDWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day O hrs. The CAUSE OF DEATH* was as follows: OR Amin. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in O yrs O mos O de which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF ARENTS 11 BIRTHPLACE 8 2 0 4 , 191 1/2 (Address) 00 (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death _____ yrs. ____ mos. __ _ ds. State _____ yrs. ___ mos. ___ Where was disease contracted. 14 THE ABOVE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 29 UNDERTAKER ADDRESS BEGISTHAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons -Precise statement of occupa-As examples:

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory (secondary or intercurrent) (Recommendations on statement of Never report For vio-



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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSI CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC Important. See instructions on back of certificate.
MARGIN	WRITE PLAINLY, WITH U	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate.

PARENTS

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8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,

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PERS	ONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX Wall	4 COLOR OR RAGE	SSINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH Dec. 9 (Month) (Day	
6 DATE OF BIRT	the December of the the dele of the	ould not sementer	that I last saw h alive on Dec. 8	206
7 AGE	21 (2)	If LESS than	•	:00

OR min. ?

(Day I attended deceased from OF DEATH* was as follows Contributory *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, At place Where was disease contracted if not at place of death? DATE OF BURIAL 20 UNDERTAKER ADDRESS

[If death occurred lo a hospital or institution, give its NAME instead of street and number.]

business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balty / Requesting V. S. No. 1.

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ADDRESS REGISTRAR

usual residence.

CE OF BURIAL OR REMOVAL

DATE OF BURIAL

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V. S. No. 1.

Co	unty Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 3
VII	PULL NAME Collect 1. Le	Et ut Hospitax St.; Ward) [If death occurred a hospital or institution of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	EX COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word) ATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Yea 17 I HEREBY CERTIFY, That I attended deceased
7 A	(Month) (Day (Year)	that I last saw h live on 9 Dec 19 and that death occurred on the date stated above, at 6 P. The CAUSELOF DEATH* was as follows:
(a) pai (b)	CCUPATION) Trade, profession, or ricular kind of work Deneral nature of Industry, iness, or establishment in	aculi gangresous appendies
-40		(Burglian) V von
whi	IRTHPLACE (State or country) Mary land.	Contributory Inlistrial abeliache Secondary (Doration) × yrs. × mos. 7 Contributory Inlistrial abeliache
9 BI	10 NAME OF FATHER Lames C. Stert 11 BIRTHPLACE OF FATHER	Contributory Inlistrial obstructus Secondary (Signed) Pr 90. Smith Sec. 20, 191 H (Address) Fredk Ind.
whi	10 NAME OF FATHER Land. 110 NAME OF FATHER Land. 11 BIRTHPLACE OF FATHER (State or country) Mary land. 12 MAIDEN NAME OF MOTHER MANY M. Redenour. 13 BIRTHPLACE	(Signed) State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Acciding The Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transit or Recent Residents)
PARENTS IN 6	10 NAME OF FATHER Lames C. Stert 11 BIRTHPLACE OF FATHER (State or country) Mary land 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) State the Disease Causing Death, or, in deaths from Violendess, state (1) Means of Injury; and (2) whether Accided the Causer, or Homicidal, or Homicidal,

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 6 1915 BUREAU, V.S.

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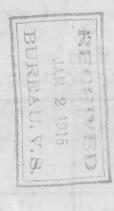
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such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purreman scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras thenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial acphritis ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) (Dav I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day hrs. The CAUSE OF DEATH * was as follows: OR min. ? mos ds 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory..... Secondary 10 NAME OF 11 BIRTHPLACE .. (Address) Ta ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country in the of death ____ yrs. ___ mes. ___ ds. State ... Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not additional line is provided for the latter statement; cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, perilonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart discase; Chronic interstilial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably geuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes affection uced not be stated unless important. which surgical operation was undertakeu. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of (disease causing death), 29 ds.;



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. 151 [If death occurred in Village or City St:Ward) a hospitat or institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at t dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE -OF FATHER (State or country) EN *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL.

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country

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20 UNDERTAKER

OR RECENT RESIDENTS)

Where was disease contracted. if not at place of death?_

of death _____ yrs. ____ mos. ____ ds.

19 PLACE OF BURIAL OR REMOVAL

At place

Former or

usual residence.

DATE OF BURIAL

ADDRESS

State ... yrs, ____ mos.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

in the

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia. ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purperan septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough: Chronio cer" is icss definite; avoid use of "Tumor" for maile-"Contributory." by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For vio-



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No It death occurred in St :----Ward) a hospital or institution, give its NAME lostead of street and number.] * FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) 7 AGE If LESS than and that death occurred on the date stated shove, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duratice) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State yrs, ____ mos. ds. Where was disease contracted. It oot at place of death?-Fermer or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Never report Examples:



T. S. No. 1.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Lund (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Wuriel Widoweo, Wordiverceo (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
** DATE OF BIRTH	that I last saw have alive on the date stated above, st 730 P. m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, er particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	Contributory (Duration) yrs. mos. y ds. (Secondary) (Decation) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mcs ds. Where was disease contracted, If not at place of death?
(Interment) Charles (No Fam's (Address) Long Color Stern Filed Dec 2, 1914 Both Stern REGISTRAR	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Thurmonh Md 4, 181.4. 20 UNDERTAKER Willhide A Core and Character Core
If more blanks are needed, address State Registra.	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

· Bronchopncumonia (secondary), 10 ds. Never report sepsis, tctanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUST and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal scptichacetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Examples: For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH County Frederick

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Frederick (No. 108, E. Fourth St.; 4 Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and nomber.]

FULL NAME HOward E. Lee.

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 [hereby certify, That I attended deceased from
6 D	More of Birth Nov 21, 1914 (Month) (Day (Year)	17 I hEREBY CERTIFY, That I attended deceased from
7 A	(1001)	and that death occurred on the date stated above, at 11-15-4 m. The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	CCUPATION Trada, profession, or ticular kind of work. General nature of Industry, iness, or establishment in ch employed (or employer)	Sustained with the solution of
-	RTHPLACE (State or country) Mangland	Gontributory Secondary (Duration) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Mangland 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Δ.	13 BIRTHPLACE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,mosds Whera was diseasa contracted, If not at place of death?
	Intermenty Mors Louis W. Loee	Former or usual residence.
1.6 FII	(Address) 108, E. Fracesth ast ad 18 Dec., 1914 ang. M. Chauches	19 PLACE OF BURIAL OR REMOVAL Mot Olivet Com a ec. 18., 1914 20 UNDERTAKER ADDRESS Thomas F. Price Frederick
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the cated thus: gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

er Conley



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION, is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE V. S. No. 1.

PLACE OF DEATH /3648	STATE OF MARYLAND CERTIFICATE OF DEATH
County Statement	Registration Dist. No. 133
Village or City Glerton (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED	16 DATE OF DEATH Wee. 6 1914 (Month) (Day (Year)
Alec. 6, 914	that I last saw h trans alive on S. Rechards 6, 1914.
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at m. The GAUSE OF DEATH* was as rollows: Came of de Ill Prot offed Child was alive only 5- mult att
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	no physician present Holm Withouse as fer (Duration) request y, Keyes.
9 BIRTHPLACE (State or country) Md. 10 NAME OF FATHER Grover Lewis	Contributory Secondary (Duration) yrs mos ds. (Signed) fastia R. Hoverfelliawifelle. s.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence
(Address) Myersville, Md. 15 Filed Dec. 6, 1914 Jns. W. Hoover REGISTRAR	Place of Burial or REMOVAL DATE OF BURIAL PROSERVE Cometery der 6, 1914 20 UNDERTAKER Bros. Myersville
O State Beauty are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No.1. Md.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Never return "Laborer," Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: "Foreman," cngineer, (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) sTyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association cause of death approved by Committee on Nomenciainjury, as fracture of skull, and eonsequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dont; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from Measles (disease eausing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.; For Vio-

If this certificate to the tooked over thoroughly had all questions answered in hearth territor correspondence. All the data is essential and must be obtained before the certificate is permanently digh.

MARILI915
BUREAU, V.S.

13612

PLACE OF DEATH

Returned again

STATE OF MARYLAND Pl

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many oecupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

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injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping eough; Chronic by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Measles (disease eausing death), 29 ds.; (Recommendations on statement of Never report For Vio-



V. S. No. 1.

PERMANENT 10 Instructions pla Δ OF Importan CAUSE

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. fif death occurred in St .:- Ward) a hospital or institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. (Month) (Day (Year) ORDIVDROED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) 7 AGE If LESS than and that death occurred on the date stated above t dayhrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State Where was disease contracted, KNOWLEDGE If not at place of death? Former or usuai residence. DATE OF BURIAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. odesting

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

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County Leaders 13614	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Joo Ashow (No ,	St.; Ward) [If death occurred in a hospital or institution
FULL NAME John Prin	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED ORDIVERCED ORDIVERCED ORDIVERCED	16 DATE OF DEATH (Month) (Day) (Year)
B DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1914, to 1914
7 AGE If LESS than 1 day,hrs. yrs. mos. 3 ds. ORmio. ?	and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work.	Bate 1
(b) General nature of industry, business, or establishment in which employed (or empleyer) BIRTHPLACE (State or country)	Gontributory Surth, (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed), M. D. SE 22, 1914 (Address), M. D. *State the Dismasm Causing Dmath, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
Interdet all a the Best of MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
(Address fundations mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2, 191 4
Filed 1.3., 191 REGISTRAR If more blanks are needed, address State Registra	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulminc, etc. material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the dispass cause of death—Name, first, the dispass cause of death—Name, first, the dispass cause of the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosais

childbirth or miscarriage, as "PUERPERAL septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuii, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Coilapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... hart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Examples: For vio-



OCCUPATION PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDDWED. QNIONIB ORDIVERCED (Write the word) 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day, hrs. OR ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory ... BIRTHPLACE Secondary (State or country) FATHER 0 Dec. 23 1914 PARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME piain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH Where was disease contracted, WRITE If not at place of death? OF Every item CAUSE OF Important. usual residence 15 00 REGISTRAR

ACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

-Ward)

Ilf death occurred in a hospital or institution. give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended deceased from The CAUSE OF DEATH* was as follows: yrs 1 Omos

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

ADDRESS

purmont, ned.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balty, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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No.

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of inform DEATH OF Every Item CAUSE OF Important.

0 terms, n back instructions

STATE OF MARYLAND rederick Cocertificate of DEATH Registration Dist, No... Ilf death occurred in .Ward) a hospital or institution, give its NAME Instead of street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 5 SINGLE 4 COLOR OR RACE MARRIED. WIDDWED, (Month) ORDIVDRCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) 7 AGE if LESS than and that death occurred on the date stated above, at 12.30 1 dayhrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE (Address) (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. _ ds. State yrs. Where was disease contracted. if not at place of death? Former or usual residence 15 ----, 19t..... 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

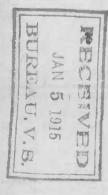
REGISTRAF

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scotichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of..... ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; (Recommendations on statement of (name origin; "Can-State cause for Never report For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

13617 STATE OF MARYLAND CERTIFICATE OF DEATH

DICTITION L	OI	DLAII	
		No 131	à
Pedistration	Diet	No Q)

.Ward)

1 PLACE OF DEATH

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

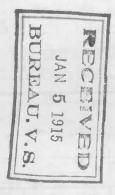
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVARCED (Write the word)	16 DATE OF DEATH Que, 6, 191.4 (Month) (Day (Year)
6 D	ATE OF BIRTH Set - 9 (Mouth) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from 1914, to Le 1914 that I last saw h alive on 1914
	GE It LESS than f day,hrs. ORmln.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows:
(b) bus) Trade, protession, or rticular kind of work	(Ouration) yrs mos 9 ds
ARENTS	10 NAME OF FATHER EDW Offitt 11 BIRTHPLACE OF FATHER (State or country) 12	Contributory Secondary (Duration) yrs mos ds. (Signed) / Club / M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injunt; and (2) whether Accident
Δ.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the of deathyrsmosds. Where was disease contracted, if not at place of death?
	(Interment) Est Offett (Address). Briefey, town	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	REGISTRAR	20 UNDERTAKER ADDRESS T. P. Mice Publica
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illmaterial worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastcs (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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Village or City Montevne Hospital 2 FULL NAME Pour Calvin	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [if death occurred le a hospital or institution, give its NAME lastead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Willower, ORDIVERCED (Write the word)	16 DATE OF DEATH Sec. 22, 1914 (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE Wonth (Month) (Day (Year) TAGE It LESS than 1 dayhrs. ORmin.? COCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PEIRTHPLACE (State or country) Manyland 10 NAME OF FATHER Seorge W Ogle 11 BIRTHPLACE OF FATHER (State or country) Manyland 12 MAIDEN NAME OF MOTHER OF MOT	that I last saw h alive on
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) (Address) Florederick, Md, 16 Filed 12/2 7, 1914 J. Joodlev av REGISTRAR	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OHLOGEN DOWN 191 4 20 UNDERTAKER ADDRESS
	rar, 6 E. Franklin St., Balto., Repliesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are eugaged in the the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the nisease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

ctc, when a definite disease can be ascertained as the thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the accidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



SICIANS should

PHYSICIANS

RECORD

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred la a hospital or Institution, give Its NAME Instead of street and nomber. I

ians Magland PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, Sugle 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment In which employed (or employer) -----9 BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER (Signed) > (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. ___ _ ds. State Where was disease contracted. If not at place of death?-Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL Fi, CorNo 20 UNDERTAKER REGISTRAN

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aceiwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

er Brookie



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED V. S. No. 1.

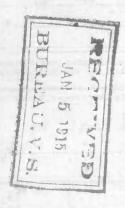
PLACE OF DEATH 13620 62	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty	Registration Dist. No. 140.
Village or City hew midwoy (No	St.; Ward) St.; Ward) [It death occurred lies a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 color or race 5 single, married wisower, wisower, (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
BDATE OF BIRTH	may 20th, 1914, to Dog 14th, 1914
(Month) (Day) (Year)	that Mast saw h m allve on Sce 14th ,1914
7 AGE if LESS than 1 day, hrs. OR	and that death occurred on the date stated above, at 1035-P, m. The CAUSE OF DEATH* was as follows:
(a) Frade, prefession, or particular kind of work. (b) Genoral nature of Industry, business, or establishment in which employed (or empleyer) Performance (State or country)	(Deration) — yrs. 6 mos. 24 ds. Contributory Unbrown (Secondary)
10 NAME OF FATHER SAAC PLNNE	(Signed) (Duration) yrs mes ds. (Signed) , M. D. Sello, 1914 (Address) Address md
OF FATHER OF FATHER (State or country) Frederichemod 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country) Frederick & Ind 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Interment) Selle Renner	of death yrs ds. State yrs mos ds. Where was disease contracted, If not at place of death? Former or usual residence.
Address). Jelin Jandway M	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OUNDERSAKER ADDRESS F, 6 E. Franklin St., Balto., Requesting V.S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE gainfully employed, as At school or At home. who receive a definite salary), may be entered as statement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nection is very important, so that the relative wealthfuiwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrosic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Hart failure," "Haemorrhage," "Inanition," "Maras The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State "Exhaustion," Never report Examples: cause for For vio-



V. S. No. 1.

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 13621 105	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRISO WIDOWED, OR DIVORCED (Write the word) 8 DATE OF BIRTH	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw ham alive on See 1 1 1 1914
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work (b) Generat nature of tndustry, business, or establishment in	Ocule fulmonary Cong so how one how (Duration) yes mos ds.
which employed (or employer) 9 BIRTHPLACE (State or country)	Gontributory and The Glis-Colitis Secondary of Hepotra Enlagement (Duration) yes mos ds.
10 NAME OF FATHER 11 BIRTHPLACE	(Signed) A Blee, M. D. Bace 12, 1914 (Address) Marketology mk,
11 BIRTYPLACE OF ATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	or Recent Residents) At place In the of death yrs, mos ds Where was disease contracted,
(Informant) (Informant)	If not at place of death? Former or usual residence
(Address) 2900 Address) Filed 21, 2, 1914 A Research	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
REGISTRAR	Sharette of Swell Hovelsbury
11 more blanks are needed, address State Regist	trar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: uess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salcsman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the Disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for mallyoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., by earbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite discase can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. Accidental drowning; Struck by railray train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Ounty Frederick (No. Home Pulled on The Susan To	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 3 / [If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferral White Single MARRIED, WIDOWED, OR OLVORGED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 hereby certify, That I attended deceased from
6 DATE OF BIRTH	July hed 1914, to Dec 24, 1914,
(Month) (Day (Year) 7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, st 10, 34 m. The CAUSE OF DEATH* was as follows:
yrs mos ds OR min. ? **OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	not from (Buration) 2 yrs. 7 mas. ? ds.
which employed (or employer)	Contributory
9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Authorise Torolton	(Signed) (Beration) yrs mos ds. (Signed) (Signed) (Beration) which is the secondary with
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Meras Gifford Mostra	If not at place of death? Former or Former
(Address) 5 /6 cond DX	Mot Olivet ber Dec 26, 1914

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REDISTRABL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precisc specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No CUPATION If death occurred lo Village or City (No. St:.....Ward) a hospital or institution, RECORD give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ERMANENT S SINGLE. 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIEO. WIDOWED, BINDING (Month) (Day) Write the word) I HEREBY CERTIFY. That I stisned deceased from 1833 (Year) (Month) (Day) TAGE If LESS than and that death occurred on the date atated above, at_ 1 dayhrs. The CAUSE OF DEATH * was as follows: OR mig. ? BOCCUPATION (a) Trade, profession, or INK AG particular kind of work. (b) General nature of industry. business, or establishment lo UNFADING which employed (or employer) State or country) (Secondary) m 16 NAME OF FATHER NON WITH 11 BIRTHPLACE . 191 (Address) CR ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 4 OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place in the OF MOTHER of death _____ yrs. ____ mos. ___ ds. (State or country State DEATH Where was disease contracted. If not at place of death? OF usual residence. mportant. Every It 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. naterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Item and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," childbirth or miscarriage, as "Purrerral septichae-Accidental drowning; Struck by railway train acciwhich surgical operation was undertaken, For vio mia," "Puerperal peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malle oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:



Go	ounty Firederich 3624	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
V	iliage or City Pacet of Rocksino.	Rallisaer [If death occurr a hospital or instit give its NAME in of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH (Month) (Month) (Day) (Year 17 I HEREBY CERTIFY, That I attended deceased from
8 D.	11 h 9 3 1 day,hrs.	that I last saw here alive on DEC, 6, 191 and that death occurred on the date stated above, at 1000 A The CAUSE OF DEATH* was as follows:
(a) par (b) busi whi	yrs. mos. ds. OR mln.? CCUPATION Trade, profession, or ticular kind of work. Beneral nature of industry, ness, or establishment in ch employed (or employer) RTHPLACE tate or country) Audour CO, Ma	Contributory (Secondary)
PARENTS	10 NAME OF June Rallison 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER MOTHER MOTHER	(Signed)
14 _T	OF MOTHER (State or country) Maryland HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edward Rallison Address) Brunswich, Md ed Dec H. J. 1914 Wilkin Joaphell M. M. Dip Local Registrar If more blanks are needed, address State Registrar, 6 E	where was disease contracted, It not at place of death? Former or usual residence 19 PLACE OF BURIAL OB REMOVAL Lonion Concelentates 20 UNDERTAKER ADDRESS The Removal ADDRESS
	H.W.	Franklin St., Baito., Requesting V. S. No. 4.

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1915 BUREAU, V.S.

OF OCCUPATION RECORD PERMANENT THIS UNFADING INKpe supplied. may 80 0 plain Instructions = DEATH See OF mportant. Every its m

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No Ilf death occurred in St: Ward) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE SSEX MARRIED. WIDOWED, MATTILLO ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than TAGE and that desth occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment In which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 191 44 (Address) ARENTS 11 BIRTHPLACE (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE in the At piace OF MOTHER (State or country) State yrs, ____ of death yrs. mos. ds. Where was disease contracted. If not at place of death?..... Former or usual residence DATE OF BURIAL ., 191.4 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURMAU, V.S.

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nformation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	4TH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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13626 1 PLACE OF DEATH Frederick che(No. 540 N. Bents PERMANENT RECORD **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MOON WIDOWED, (Write the word) DATE OF BIRTH (Month (Day THIS IS 7 AGE 10 BOCCUPATION (a) Trade, protession, or particular kind of work. UNFADING INK (b) General nature of industry, business, or establishment to which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PLAINLY, WITH 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) WRITE 14 THE ABOVE IS TRUE TO THE BEST OF of In CAUSE OF important. S 0

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Year)

If LESS than

1 dayhrs.

STATE OF MARYLAND CERTIFICATE OF DEATH

-Ward)

Registration Dist, No.

It death occurred in

a hospital or institution.

give its NAME instead

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MEDICAL	CERTIFICATE OF	F DEATH	
16 DATE OF DEATH	Dec	12	, 1914
	(Month)	(Day	(Year)
17 LHEREB	Y CERTIFY, That I	attended de	ceased from
768, n 12/11	191 <u>4</u> , to		191
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that I last saw h. Mary a	live on		191
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(Signed) N. U	G. Pou	+nu	
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18 LENGTH OF RESIDEN	ICE (FOR HOSPITALS.	INSTITUTIONS	TRANSIENTS
OR RECENT RESIDENTS)			,
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Where was disease contracted.		J10,	400 40
If not at place of death?		**********	
Former or			
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19 PLACE OF BURIAL O		DATE OF	
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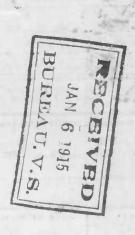
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. - Exvalvular heart disease; Chronic interstitial nephritts, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of may be stated under the head



MARGIN RESERVED FOR BINDING

S. No. 1.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS A carefully supplied. may be See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s DEATH in plain terms, Important.

Village or City Thurwork (No



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 14

.St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

THE Street form

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH OL, (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D/	Month) (Day (Year)	that I last ssw h alive on, 191
TAG		and that death occurred on the date stated above, at
(a)	CCUPATION) Trade, profession, or ricular kind of work	Born Dead
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Ouration) yrs mos; ds.
9 81	10 NAME OF When I Show Stedenter	Contributory Secondary (Duration) yrs mos ds. (Signed) Lefaurr M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER LEWIS FL. Hemerick	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country) Manyland	At place In the of death yrs, mos ds. State yrs, mos ds
	(Intermant) John Shuid ledeller	Where was disease contracted, If not at place of death? Former or usual residence.
16 Fil	ed Dec. 3, 1914, anna M. Jones. REGISTRAN	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

catcd thus: Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, If the occupation has (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report For VIO-



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STATE OF MARYLAND CERTIFICATE OF DEATH

5.1000	Registration Dist. No. 142
Village or City MI Seasant (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale Color of Race Single, Married, Stidow Wisowed, Word (Write the word)	16 DATE OF DEATH SECONDAY, 5, 1914 (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from
not exactly known, 1832 (Month) (Day (Year)	that I last saw her alive on Due 4, 1914
about 82 yrs mos ds OR min.?	and that death occurred on the date stated above, at 6. 9. m The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer).	was taking place his aff in him but when arisis came hier of mos 21 ds.
10 NAME OF FATHER STATES	Secondary Sendral Heart fillury Secondary Secondary (Buratlen) yrs mos 5 ds. (Signed) Island & Reinsburg up
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE not known squaw (State or country) Indian Squaw	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
(Intermant) her baughter full Ogle (Address) Mount Pleasant.	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dec 5-, 1914 A. Bucher REGIST AR	Silver Will Com alec 7, 1914. 20 UNDERTAKER ADDRESS Thomas J. Rice Frederich

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day taborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a slugle word or term ou the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton milt; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time aud eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite syuouym is "Epidemle cerebrosplual meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canample: Meastes (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affectiou uecd not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) tctanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION is very important. See instructions on back of certificate.	
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Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.	
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Village or City PLACE OF DEATH 1362 Village or City No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 39 [If death occorred in a hospital or lostitution, give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED. MARRIED. MODIFICATION (Write the word) 8 DATE OF BIRTH	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY That I attended deceased from
(Month) (Day) (Year)	that I last saw have allve on Sept 30 ,1914
7 AGE 1f LESS fhan 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 100 m, The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trado, profession, or porticular kind of work. (b) General nature of industry, business, or establishmoot in which employed (or employer)	Contributory (Ouration) / yrs 2 mos ds.
(State or country)	(Secondary) (Duration) yrs mos ds. (Signed) MOTEGACION N. D.
Onu / Cont / Con	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Sout Know	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
Interment) Hury. Smith	Where was diseaso contracted, If oot at place of death? Former or osual residence
(Address). 15 Filed. Glob Glob	19 PLACE OF BURIAL OR REMOVAL 19 Diou 20 UNDERTAKER 10. B. Former Smithsburg 10. E. Franklin St., Belto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not mine, etc. It should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative acaithful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal scotichaecause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



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OF Every Item CAUSE OF Important.

PHYSICIANS

PERMANENT

UNFADING

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in ..Ward) a hospital or Institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEY S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended decessed from OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at / 1 day hrs. OR ? 8 OCCUPATION nono (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration)yrs..... which employed (or employer) ------Contributory. State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ., 191 44 (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At piace In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ds. Stale _ Where was disease contracted. It not at place of dealb?-Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 L. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laboreradditional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ample: Measics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." by carbolic acid—probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR R RESERVED MARGIN No. 1.

PLACE OF DEATH

County Ruderick	CERTIFICATE OF DEATH
4 0 2.1.	Registration Dist. No. 140
Village or City Logyors Mano	St.; Ward) [If death occurred a hospital or institution give its NAME loster of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
© DATE OF BIRTH 28. 10- 19.14	17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191, 191, 191, 191, 191
7 AGE STILL-13 arm (Year) 1 day,hrs. yrs. mos. ds. ORmio.?	and that death occurred on the date stated above, at 11 30 Pm The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, profession, or parlicular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Without any firstary of any assignable of Course of Duration) Our Duration of the start of the
9 BIRTHPLACE (State or country) Funderulk bo.	(Secondary) (Duration) yrsmosds
of 11 BIRTHPLACE	(Signed) (At, Stutts, M. D. 12/1, 191.4 (Address) Woodsbar 940
(State or country) Mol. 12 MAIDEN NAME OF MOTHER My Mildred Brandenburg	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Hredilo 9ud.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, was, was, was, was, was, was, was, wa
Informant) Any M. Brandenburg	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Loryary Ind. Filed Dec 11, 1914 C. B. Rowell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are needed, address State Registra	or, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

out,

STATE OF MARVIAND

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

cblidbirth or miscarriage, as "Purrerral septichae ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genltai," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of -Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples:



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

N. B.

WRITE

Ounty Fred County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33
Village or City requestion (No	St.; Ward) a hospital or institution, give its NAME instead of atreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, OR OLVERGED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 (HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH ALL 19/K	that I last saw h. alive on 191
(Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. 0R min. ?	and that death occurred on the date stated above, at
(a) Trade, profession, er particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Muld	(Duration) yrs. mos. ds. Contributory (Secondary) Duration yrs. mos. ds.
10 NAME OF FATHER Methon Source 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Below Swiff	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Greagerstonn Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed Lyce, 1914 MC.S. Mariello	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Leaithfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencia. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. The contributory (secondary or intercurrent tetanus) may be stated under the head Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples For vio-



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of Information should be See Instructions on back

Every item important.

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properly classified.

Village or City New Market (No. 2 FULL NAME Achoch L. Ott	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) i hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	Oct 124 , 1914, to Dec. 124 , 1914, that I last saw he alive on Dec. 124 , 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 11.454m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 7 Manyland	(Ouration) Pyrs/ mos. ds. Contributory Pulcury Out of the condary) (Ouration) yrs mos 44 ds.
11 BIRTHPLACE OF FATHER (State of country) 12 Maiden Namey OF MOTHER OF MOTHER	(Signed) , M. O
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mcs, ds. Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Gernmans, Mid Filed les & our 1944 In M. Taylor	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MWM ONKER Censon Alex Brit, 1914 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman," (d)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin

sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUTRPETAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuizions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can State cause for Examples: For Vio-



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PERSONAL AND STATISTICAL TO PERSONAL AND STATISTICAL TO SEX TO SEX

(104)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 153

St.;---Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME addic PM	Attely give its MANE Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruale Will (Write the word)	16 DATE OF DEATH (Month) (Dyy (Year) 17 [HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h w alive on A cr 2 7 , 191 4.
7 AGE If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at
particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 B! RTHPLACE (State or country) 10 NAME OF FATHER Wallin 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Addity Stately 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Buration)
(Address) Muios Buty R. 7 D 16 File Dec 28, 1914 J. H. Witter REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Mun Chufel 29 Dec., 1917 20 UNDERTAKER P ADDRESS

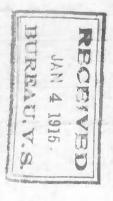
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meminges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or mlscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Ex-



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PHYSICIANS should of OCCUPATION IS SEX TAGE properly AGE pe may certificate. State or country) carefully o 9 0 bsck terms, ARENT pinous plain See instructions Information DEATH In 50 CAUSE OF Important. S 15

13635 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

12.

(Month)

S BINGLE,

MARRIED.

WIDOWED, OR OLVORCEO

(Day)

MY KNOWLEDGE

REGISTRAR

* FULL NAME

6 DATE OF BIRTH

BOCCUPATION

(a) Trade, protession, or

particular kind of work. (b) General nature of Industry,

> 10 NAME OF FATHER

11 BIRTHPLACE

(State or country)

12 MAIDEN NAME

13 BIRTHPLACE

(Address)

OF MOTHER

OF MOTHER (State or country)

business, or establishment lo

which employed (or employer) -----

STATE OF MARYLAND

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Year)

If LESS than

1 day hrs.

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- William	kell	al encer	aod nomber.]
MEDICAL	CERTIFICATE OF	DEATH	
16 DATE OF DEATH	12,	11	1014
* * * * * * * * * * * * * * * * * * *	(Month)	(Day)	_, 191.9 (Year)
17 I HEREBY	CERTIFY, That I		, 191,
and that death occurred on The CAUSE OF DEATH* w		10000000000000000000000000000000000000	
Contributory (Secondary)	Musy	L	***************************************
(Signed) Nove	Duration) Direction dress)	me us lon	M n
*State the DISEASE CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICI	BING DEATH, or, in OF INJURY; and DAL.	deaths from (2) whether	VIOLENT ACCIDEN-
18 LENGTH OF RESIDENCE OR RECENT REGIONAL At place of deathyrs,mos, Where was disease contracted, It not at place at death? Former or osual residence	ds. State		
19 PLACE OF BURIAL OR F	REMOVAL	DATE OF BU	00
20 UNDERTAKER IN E	carrel!	ADDRESS	101

[Approved by U. 8. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

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mia," "Tuerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from Bronchopncumonia (secondary) ... 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as wbich surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Tleart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-The nature of the Examples:



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1 PLACE OF DEATH Very 3636 SICIANS should occupaTION is Exact statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 5 SINGLE, Simple 16 DATE OF DEATH 3 SEX 4 COLOR OR RAGE MARRIED. WIDOWED. (Write the word) DATE OF BIRTH classifled. (Day (Year) 7 AGE It LESS than 1 day.....hrs. OR nin. ? properly 8 OCCUPATION (a) Trade, protession, or particular kind of work. be (b) General nature of Industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary that 10 NAME OF FATHER (Signed So back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country uo 12 MAIDEN NAME plain Instructions OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE 드 At place OF MOTHER (State or country) of Inform ot death _____ yrs. ____ mos. ___ _ ds. Where was disease contracted. If not at place of death?. Former or Every Item CAUSE OF usual residence. mportant. 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilt death occurred in a hospital or institution, give Its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at 7-30 Am *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. In the State _____ yrs. DATE OF BURIAL 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association. 1

should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); "Croup";) "Tuphoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal causing dearn (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercufever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Lobar pneumonia; Bronchopneumonia

> nant neoplasms); Mcastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED BURLAU, V.S JAN 6 1915

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10 NAME OF FATHER

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CAUSE OF Important. S

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Inform DEATH

WRITE

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 SIRTHPLACE OF MOTHER (State or country)

OCCUPATION

PHYSICIANS RECORD

PERSONAL AND STATISTICAL PARTICULARS 3 SEX MARRIED. WIDDWED. ORDIVORCED (Write the word) 8 DATE OF BIRTH 832 that I last haw here allve on (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the day 1 day, hrs. The CAUSE OF DEATH * was as for BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH / 3/

Registration Dist. No.

Slott-	.St;Ward)	a hospita give its	ath occurred in it or Institution, NAME Instead and number.]
MEDICAL	CERTIFICATE OF D	DEATH	
DATE OF DEATH	dec.	31	1914
***************************************	(Month)	(Day)	(Year)
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I HEREBY May 19 t I last baw hereally	14. 10 DEC.	31	191 4.
t I last baw heenally	e on WEC	4	, 191 4
I that death occurred or			
CAUSE OF DEATH*			
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Elevanic Mu	iseula, R	heun	retesur
	(Ouration) 8	yrs. 3 m	os 2 ds.
Contributory(Secondary)		•••	

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS)	
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At place of death yrs. of mos. o ds. Stat	e vrs. mos 2 / de
Where was disease contracted to the lit not at place of death?	wel Co, rua
Former or Many	land -
19 PLACE OF BURIAL OR REMOVAL	PATE OF BURIAL

ual residence	Cacel -
PLACE OF BURIAL OR REMOVAL	PATE OF BURIAL
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UNDERTAKER .	/ ADDDESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Signed)

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[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

losis of lungs, meninges, pcritonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal time and causation), using aiways the same accept CAUSING DEATH (the primary affection with respect to ("Pneumonia," "Croup"); Typhoid fever (never report "Typhold fever (the only definite synonym is "Epidemic cere Statement of cause of death-Name, first, the disease meningitis"); Diphtheria (avoid use of unqualified, is indefinite); Tubercu-

> childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla." "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-Examples:



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OCCUPATION IS

PHYSICIANS

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH County Frederic CERTIFICATE OF DEATH Registration Dist, No. If death occurred in a hospital or Institution, give Its NAME Instead of street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED Marr WIDOWED, (Write the word) Y. That I attended deceased from DATE OF BIRTH (Day (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR 7 BOCCUPATION (a) Trade, profession, or Bank (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

18 LENGTH OF RESIDENCE (FOR H		'	,
At place	In the		
of deathyrs, mos ds. Where was disease contracted, If not at place of death?	State	yrs,	. mos d
Former or usual residence	***		

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20 UNDERTAKER ADDRESS

REGISTHAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JAN 6 1915

BUREAU. V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

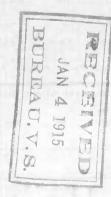
PLACE OF DEATH A 9690	STATE OF MARYLAND
Fredorick 10000	CERTIFICATE OF DEATH
County July Menu Cr	Registration Dist. No. 184
Village or City Euronil Shortho.	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME Raymon & J	give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wisower, Orbivorced (Write the word)	16 DATE OF DEATH LIFE 23, 1914 (Month) (Day (Year)
	17 I HEREBY GERTIFY, That I attended deceased from
6 DATE OF BIRTH	Wee 20, 1914, to NIL 23, 1914.
(Month) (Day (Year)	that I last saw h him alive on 42 e 2 2 1914
7 AGE It LESS than	and that desth occurred on the date stated shove, at 10 x m
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs @ mos ds OR min.?	0 0 0
e occupation (a) Trade, profession, or	Brancho In summe
particular kind of work	
(b) General nature of Industry, business, or establishment in	9
which smployed (or employer)	(Duration) yrs mos ds.
State or country) Fro derich loo mil	Secondary
10 NAME OF FATHER ACTION TO A TOTAL	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE	blice 23, 1913, (Address) Ensmite bus,
11 BIRTHPLACE OF FATHER (State or country) flaws los Pa	*State the DISEASE CAUSING DEATH, or, in deaths from JOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a tilly Dunell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Frederick Comd	At place in the of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) (ames frant	Former or usual residence
The Englishers Mid	10
(Aphress)	E 1/1 -2 1600 211
Filed Dec 24,1914 M. For Shuff	20 UN DERTAKER ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits ean be known. The question CAUSING DEATH, state occupation at beginning of ill-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

eer" is less definite; avoid use of "Tumor" for mallgsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State eause for etc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Iuanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Measles (disease eausing death), 29 ds.; (Recommendations on statement of



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PHYSICIANS should state of OCCUPATION is very AGE should be stated EXACTLY. I carefully supplied. See Instructions on back of certificate. of information CAUSE OF Important.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

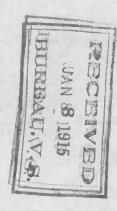
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hute 5 SINGLE, MARRIED, WIDDWED, Suite ORDINGRED (Write the word)	(Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day	that I last saw he salles
	SS than and that death occurred on the date stated above, at
	The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or	autopray chows the child died
parficular kind of work	in litero,
business, or establishment in which employed (or employer)	(Durafion) yrs. mos. ds
9 BIRTHPLACE (State or country) Muleuoun	Gontributory Secondary
10 NAME OF Contention	(Signed) (Duration) yrs mos ds
2 11 BIRTHPLACE . OF FATHER (State or country) Andrews	*State the DISEASE CAUSING DEATH, or, in deaths from Violen:
(State or country) Multinowen Re 12 Maiden Name OF MOTHER	CAUSES, State (1) Means Of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) Af place In the
OF MOTHER (State or country) Whenove	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
(informant)	If not at place of death?
(Address)	USUAI FOSIGENCE DATE OF BURIAL OR REMOVAL DATE OF BURIAL
16 16 17 10 11/1/9 0.	Montever 12/8 ,1914
Filed 7 , 191 Regis	address ADDRESS
	te Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cuses, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carein-

sepsis, tetanus) may be stated under LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee ou Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the Americau Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report For vio-



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10 CSICIANS should OCCUPATION IS PHYSICIANS PERMANENT statemen classified. -THIS pe UNFADING may 80 terms, plain nformation E DEATH item OF Every Item CAUSE OF Important.

jo back CO instructions

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or Institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Married (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE II LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 191 A) ... (Address) LN OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) PARE 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted. 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal scptichaectc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Contey

JAN 6 1915

BUREAU. V.S.

BINDING MARGIN

PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT stated EXACTLY. N. B.—Every item of Information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

UNFADING INK-THIS IS FLAINLY, WITH

STATE OF MARYLAND

cont treduced	CERTIFICATE OF DEATH
County	Registration Dist, No. 14/
Mrs Ba	Registration Dist, No
Village or City Brunsevell (No	St.; Ward) [If death occurred in a hospital or institution,
	give its NAME Inslead
In sand) 7	reactive Vage hebber of street and number.]
2FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH AGE 16
Male what (Write the word)	(Month) (Day (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	De e 16 1914, to Wel 16 1914
	that I last saw hammalive on Mario Creek 191
(Month) (Day (Year)	
it LESS than 1 day,hrs.	and that death occurred on the date streed above, at /. 30 A m,
yrs mos ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	of many car of h
(a) Trade, profession, or particular kind of work	Z Back
(b) General nature of Industry,	######################################
business, or establishment in	(Duration)mosds.
which employed (or employer)	
9 BIRTHPLACE (State or country)	Secondary Secondary
110	(Duration)yrsmosds.
10 NAME OF Plante lin & Nelbar	(Signed) Vous Nest N. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER	Dec 17, 1914 (Address) Brunswick my
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
M 12 MAIDEN NAME DIEL : he A OL SCH . C.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
a rule ruar of myral	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	or RECENT RESIDENTS) At place in the
OF MOTHER (State or country)	of dealh yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dealh?
(Interment) Franks lu Vige Wibber	Former or
a Vat by	usual residence
(Address) Srawowan M	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16	my valle mi 1000 17 1914
Filled De 0 17 1914 deru Wel	20 UNDERTAKER ADDRESS
REGISTRAR	W. Felle Yor Dewourch My
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

13642

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very N. B.—Every item of information should be carefully su CAUSE OF DEATH in pisin terms, so that it m Important. See instructions on back of certificate.

PLACE OF DEATH 13643 County Frederick
Village or City State Danal



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 139

St.; Ward)

[It death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

FULL NAME O OCCUE W VOLKEN	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White Single, Married, Widower, Widower, Widower, Widower, Widower, Widower, Widower, With the word)	16 DATE OF DEATH (Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH March 10 1872	Oct. 26, 1914, to Dac, 14, 1914,
(Month) (Day (Year)	that I last saw h win alive on Dec. 14 , 1914
7 AGE It LESS than	and that death occurred on the date stated above, at 3,302, m,
42 yrs 9 mos 4 ds 0R min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.	Pulmonary & Laryngeal
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs 5 mos ds.
9 BIRTHPLACE (State or country) Pennsylvania.	Secondary Charattein
10 NAME OF Joseph H. Wheeler.	(Signed) M. Howard yes ger. M. D.
IT BIRTHPLACE OF FATHER (State or country) Wayland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL,
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mes ds
(Informant) M. H. Harduer.	Where was disease contracted, unknown, If not at place of death? Former or usual residence. 1135 Multon ave, Balta, Md,
(Address) State Panalorum, Ind.,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jun. 1, 1812 Co. A. Stern	20 UNDERTAKER M, S. Clager Thurmond had
	rar, 6 E. Franklin St., Balto., Jequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstilial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accimia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Ex-



V. S. No. 1.

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ated EXACTLY. PHYSICIANS should a Exact statement of OCCUPATION is PERMANENT RECORD stated EXACTLY. 4 properly classified. UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so See instructions on back of PLAINLY, WITH CAUSE OF Important. S

state

Viilage or City

LAGE OF DEATH 13644



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Mena Poles	ot street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	father and it had the thunk
business, or establishment in which employed (or employer)	(Ouration)mosds.
9 BIRTHPLACE (State or country) Manyland	Secondary (Duration) yrs mos ds.
10 NAME OF FATHER Liny A Wiles	(Signed) & May home M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
a Ale Sellent	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Interment)	It not at place of death? Former or usual residence
(Address) As envirtum mol	Junis town Date of Burial
Filed All, 1, 1915 Gray sou D Snorth	20 UNDERTAKER Guther breages Throng wint

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-



valvular heart disease; Chronie interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronie mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite discase can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) "Coutributory." dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acei which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," (Recommendations on statement of may be stated under the head of etc.), "Dropsy," The nature of the State cause for "Exhaustiou," Never report For vio-



RECORD

PERMANENT

-THIS

UNFADING

. S. No. 1.

STATE OF MARYLAND Very state CERTIFICATE OF DEATH 45 pinous OCCUPATION Registration Dist. No. PHYSICIANS Ilf death occurred la ...Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF EXACTLY. 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH , alive on (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: mos. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. pe (b) General nature of Industry. business, or establishment in (Guration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 0 11 BIRTHPLACE (Address) Z OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. ARE 12 MAIDEN NAME OF MOTHER pial 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. DEATH State Where was disease contracted. If not at place of death?... 50 Former or OF item Every item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 80 ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tctanus) mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. affection need not be stated unless important. ture of the American Mcdical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1915 BURMAU, V.S.

V. S. No. 1.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS CAUSE OF DEATH in plain terms, so that it milmportant. See instructions on back of certificate. WRITE PLAINLY, WITH B.—Every item of information should be CAUSE OF DEATH in plain terms, s

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PARENTS

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[If death occurred in a hospital or lostitution, give its NAME Instead of street and number.]

TOLL MAINE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, WIDOWEO, (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191 4 to Da. 27 1914, that I last saw h & alive on Dev. 27 1914
GE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9.300 m, The CAUSE OF DEATH* was as follows:
CCUPATION) Trade, profession, or ricular kind of work. General nature of Industry, ilness, or establishment in Ich employed (or employer)	Pulmonary & Songageal Tuberculoris (Buration) / yrs. mos. ds.
18 (State or country) maryland.	Contributory Estimation Secondary (Boration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Maryland.	(Signed) W Howard flog., M. D. Des 27, 191 (Address) State Sandown Med. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country) manyland THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE W. H. Hawluer	of death yrs. mos. 2 ds. State mos. ds Where was disease contracted, first at place of death?
(Address) Itale Danslowen, md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ed Jan 11. 1913. Or he Stew REGISTRAR	20 UNDERTAKER M. S. Creoger . Thurmons, Mrd.
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping eough; Chronic such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronie interstitial nephritis, cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accichildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.-

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No. 146
Village or City Allower	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME JANAL CALL	asme Holle of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLA MARRIED MIDOLES OR SAVERGE OR SAVER	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH (Month) (Day (Year)	1914, to 12, 2, 1914, that I last saw h. alive on 12 2, 1914,
⁷ AGE It LESS than	and that death occurred on the date stated above, at 24 00 m.
80, yrs. 8, mos. 2) ds. OR. min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	my stones, f
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF L	(OursHon) yrs mos ds.
Will Bond.	(Signed) , M. D.
THE PROPERTY OF A CONTROL OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Volent
MY 12 MATDEN NAME .	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
BIRTHHLAGE OF MOTOR OT MOTOR OF MOTOR OF MOTOR OF MOTOR OF MOTOR OF MOTOR OF MOTOR OT MOTOR OF MOTOR OF MOTOR OF MOTOR OF MOTOR OF MOTOR OF MOTOR O	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos, ds. State yrs mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) John Franzan.	Former or usual residence
(Address Minon Bridge Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Diec 2-9, 1914 P. C. Grosmickleton	20 UNDERTAKER ADDRESS
REGISTRAR	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.
The state of the s	one in the state of the state o

[Approved by U. S. Census and American Public Health Association.]

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